



Application No. _____

Permit No. _____

Application for Certificate of Occupancy

- 1) Name of Applicant _____
Address _____
Telephone (Home) _____ (Business) _____
Fax _____ (Email) _____
- 2) Name of Applicant's Agent _____
Address _____
Telephone (Home) _____ (Business) _____
Fax _____ (Email) _____
- 3) Address/Location of Property _____
- 4) Previous Use of Property/Structure _____
- 5) Proposed Use of Property/Structure _____
- 6) Zoning District _____
- 7) Attach a copy of Licking County Building Department final approvals (if the structure has been renovated or is new construction).
- 8) Attach approval of Licking County Health Department, if not served by public water and/or sewer.

I certify that the exterior erection and/or structural alteration of the building has been completed in conformance with the provisions of the zoning ordinance.

Applicant

Date

(To be completed by the Village Planner)

Date of Final Inspection _____

Certificate of Occupancy Issuance Date _____

Remarks _____

Village Planning Director

Date

Village Manager

Date